



**RESERVE NAME
NOTICE OF TRANSFER**
SECRETARY OF STATE
SFN 13403 (06-2006)

FOR OFFICE USE ONLY

ID#:	
WO#:	
Filed:	By:
To Expire:	

SEE REVERSE SIDE FOR FEES, FILING AND MAILING INSTRUCTIONS

TWELVE MONTH DURATION
(Renewable for successive
twelve month periods.)

1. FILING FEE: \$10.00

2. The undersigned hereby applies for the reservation of a name for a period of twelve months for the purpose of filing one of the following:
(check one)

	Domestic (Organized under North Dakota laws)	Foreign (Organized under laws other than North Dakota's)
Cooperative Association Corporation:	<input type="checkbox"/>	<input type="checkbox"/>
General Business	<input type="checkbox"/>	<input type="checkbox"/>
Farm	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nonprofit	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>
Limited Liability Company:		
General Business	<input type="checkbox"/>	<input type="checkbox"/>
Farm	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>
Limited Liability Partnership		
General Business	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>
Limited Partnership	<input type="checkbox"/>	<input type="checkbox"/>
Limited Liability Limited Partnership	<input type="checkbox"/>	<input type="checkbox"/>

* A foreign corporation or foreign limited liability company may not engage in farming in North Dakota.

3. The business name which is reserved and is being transferred:

4. The name of the current owner of record with the Secretary of State:

5. Telephone # of current owner:

6. Name to whom the reserved name is being transferred:

7. Telephone # of new owner:

8. Address of new owner to whom reserved name is being transferred: (Street/RR, PO Box, City, State, Zip+4)

9. "As owner of this reserved name, I hereby transfer all rights and ownership to the new owner named in #6 for the remaining duration of the reservation."

Signature of Transferor named in #4:

Date:

10. Name of person to contact if questions about this document:

Daytime telephone #:

INSTRUCTIONS FOR RESERVE NAME NOTICE OF TRANSFER

The ownership of a name that has been reserved with the Secretary of State may be transferred. The transferred ownership is for the period remaining of the twelve-month registration period. At the end of the twelve-month period, the reservation can be renewed.

The Reserve Name Notice of Transfer can be mailed to the Secretary of State, or it may be faxed if payment is on account with the Secretary of State or if payment is made by credit card. The Fax Cover Sheet must include the credit card information as defined in instruction number 1.

Instructions: The following numbered instructions correspond to the numbers on the Reserve Name Notice of Transfer.

1. The filing fee is \$10. Checks must be made payable to the Secretary of State (must be negotiable United States funds). The Secretary of State accepts credit card payments using VISA, Master Card, or Discover. If payment is made by credit card, identify the type of credit card, the account number, the month and year of the expiration date, and a signed statement authorizing access of the credit card.
2. Check the organizational type for which the reserved name is intended. The organizational type must be the same on the transfer as when initially reserved.
3. Provide the name to be transferred which must be identical to the style and format as initially reserved including words, abbreviations, and punctuation.
4. Provide the complete name of the current owner of record with the Secretary of State.
5. Provide the telephone number of the current owner of record with the Secretary of State.
6. Provide the complete name of the individual or organization to which the reserved name is being transferred.
7. Provide the telephone number of the individual or organization to which the reserved name is being transferred.
8. Provide a complete address of the individual or organization to which the reserved name is being transferred.
The address must include a street or rural address, a post office box number if applicable, the city and state, and zip code with 4 digit extension.
9. The application must be dated and signed by the owner (transferor) of record with the Secretary of State.
10. Provide the name and daytime telephone number of the person to contact for any issues related to this application.

If you need any assistance completing the application, contact the Secretary of State's Business Division.

FAX FILING: The document and Credit Card Payment Authorization may be faxed to 701-328-2992. A faxed filing does not expedite the process of the application in the office of the Secretary of State.

EMAIL: Email is not a secure utility for the transmission of private information or credit card authorizations. **DO NOT EMAIL YOUR DOCUMENT TO THE SECRETARY OF STATE.**

MAILING INSTRUCTIONS: Send document and filing fees to:

Secretary of State
State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500

Telephone: 701-328-4284 Toll Free: 800-352-0867 (8-4284) Fax: 701-328-2992 Home Page: www.nd.gov/sos



CREDIT CARD PAYMENT AUTHORIZATION SECRETARY OF STATE SFN 51478 (06-03)

(All items required to complete transaction)

Name:			
Address:		City:	State:
Zip Code:			
<input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Discover		Signature: (Required by credit card companies)	
Account Number:		V #	Card Expires:
<div style="display: flex; justify-content: space-between;"> Month Year </div>		<div style="display: flex; justify-content: space-between;"> Month Year </div>	Date: